| CAMPAIGN FINANCE REPORT | | | | FORM C/OH COVER SHEET PG 1 | |
|--|--|-----------------------------|---------------------------------------|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | Filers) 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | John John | мі L . | OFFICE USE ONLY | |
| | NICKNAME LAST Franks | | · SUFFIX | FILED | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX | | ille Tx 75833 | AN 17 2024 | |
| Change of Address | 1 | , centero | 1116 14 12022 | CHRISTIE WAKEKIEVO | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (979) | 220 - 1723 | EXTENSION | Date Hangading Of Pala Pastmarket | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR | Tohn | M! L. | Receipt # Amount \$ | |
| | NICKNAME | Franks | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS | (NO PO BOX PLEASE): APT / S | UITE #, CITY | STATE, ZIP CODE | |
| (Residence or Business) | | | 11:12-1-0 | ie Tx 15833 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (979) | 220 - 1722 | EXTENSION | 10035 | |
| 9 REPORT TYPE | January 15 | 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 11 / 11 / 2023 THROUGH 81 / 15 / 2024 | | | | |
| 11 ELECTION | Month Day | Year Primary | Runoff Other Description | | |
| 12 OFFICE | OFFICE HELD (if any) | | Precint #2 | | |
| 14 NOTICE FROM POLITICAL | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: KNOWLEDGE OR CONSENT CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TRE | ASURER NAME | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| · | | GO ТО | PAGE 2 | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Eth | ics Commission Filers) | | | | |
|--|---|--------------------|----------------------------|--|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0 | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | Ð | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | Ð | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 593.16 | | | | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | ST DAY \$ | ↔ | | | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ | 4 | | | | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code. | and correct and | d includes all information | | | | |
| | | | , | | | | |
| Signature of Candidate or Officeholder | | | | | | | |
| | | | | | | | |
| Please complete either option below: | | | | | | | |
| | | | | | | | |
| (4) A45 day 6 | | | | | | | |
| (1) Affidavit | | | | | | | |
| NOTARY STAMP/SEAL | | | | | | | |
| Swom to and subscribed | before me by this the _ | day o | f | | | | |
| 20, to certify | which, witness my hand and seal of office. | | | | | | |
| Signature of officer administer | ing oath Printed name of officer administering oath | Title of c | officer administering oath | | | | |
| (2) Hannara Danlandi | OR | | | | | | |
| (2) Unsworn Declaration | | | . | | | | |
| My name is | and my date of birth is | 06/24/ | 70 | | | | |
| My address is _ | (street) (city) (st | <u> </u> | USA (SQUINTER) | | | | |
| Executed in | | | ' . ' '' I | | | | |
| | Signature of Candida | ate/Officeholder (| Declarant) | | | | |